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**\*BIBDATASHEET\*****CONFIRMATION NO. 4363**

Bib Data Sheet

SERIAL NUMBER 09/925,970	FILING DATE 08/10/2001  RULE	CLASS 435	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. AMIN4A
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/224,363 08/11/2000 *MM*

*None MM*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 09/15/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 0	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 1
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Verified and Acknowledged

Examiner's Signature *[Signature]* Initials *MM*

ADDRESS

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TITLE

Method for treating hepatitis

FILING FEE  RECEIVED 435	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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